#2

Peace Office, Research Association of Nevede - PORAN
Name (print) Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
PORAC 2495 Nutomas Pr-1c#555 Sacrame-to, Ca. 95833-2941	11	\$2750.24	
Sacramento, (a 95833-2941	11-6-02	77.130.21	
1)	12-16-02	3,172.29	-
1(1-13-63	\$ 3,000.00	
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Report Period

#3

PORAN

Office (if applicable)

District (if applicable)

Contributions of \$100 or Less

DATE AMOUNT OF EACH OF EACH CONTRIBUTION CONTRIBUTION	DATE AMOUNT - OF EACH CONTRIBUTION CONTRIBUTION

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3 of f

#3

PORAN

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff \$26.00.	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

CAMPAIGN EXPENSES

Report Period

#_3

Po	RAN
Name (print)	

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	EACH EXPENSE
Assemblywoman. Uonne CHOWNING Las Vegas	?	12-02-02	\$ 300.00

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Report Period #

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

DATE AMOUNT OF EACH OF EACH EXPENSE EXPENSE	CATEGORY		DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
	-			
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		144 (V., 1.44 (V.) <u> </u>		
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#3

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Name (print)				

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294A.362

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